CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	wide cynleine hew to complete this form	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
The C/OH Instruction G	uide explains how to complete this form.		6	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	Maureen	K	Date Received	
	NICKNAME LAST	SUFFIX		
	Reister			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; C	STATE; ZIP CODE		
MAILING ADDRESS	FRISCO	TX 75034		
Change of Address				
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION		
OFFICEHOLDER PHONE			Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
NAME	Rhonda	L	Date Processed	
	Love	SOLLY	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY; STATE;	ZIP CODE	
TREASURER ADDRESS		Denton TX	76205	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	✓ January 15 30th day before el	ection Runoff	15th day after campaign	
			treasurer appointment (Officeholder Only)	
	July 15 8th day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	14 /2019			
		THROUGH		
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	11 /06 /2018 General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)	
		Justice of the Peace Pre	ecinct #2	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1:	5 Filer ID (Ethics Commission Filers)		
Maureen K Reister					
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
	_	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 325.00		
EXPENDITURE TOTALS	3. TOTAL UNLESS	\$.00			
	4. TOTAL	\$ 319.58			
CONTRIBUTION BALANCE	5. TOTAL F	PAY \$.00			
OUTSTANDING LOAN TOTALS	6. TOTAL I	HE \$.00			
18 AFFIDAVIT		true and correct and includes all index under Title 15, Election Code A-6BDA-4309 01/14/19	2-8CE2-DF39F - 09:49:12		
AFFIX NOTARY STAM	P/SEALABOVE				
Sworn to and subsc	ribed before me, l	by the said	, this the		
day of	, 20,	to certify which, witness my hand and seal of office.			
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME		20 Filer ID (Ethics Commission Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULEA	\$\$325.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$\$0.00	
3.	SCHEDULE B		\$\$0.00		
4.	SCHEDULE E	\$\$0.00			
5.	SCHEDULE F	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	SCHEDULE F	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$\$0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$\$59.79	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$\$0.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$\$0.00	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$\$0.00	
12.	SCHEDULE K RETURNED TO	\$\$0.00			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 1 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Maureen K Reister 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:_ 10/28/2018 \$25.00 Rachel Manning 6 Contributor address; City; State; Zip Code Frisco TX 75034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Corporate Trainer Full name of contributor ut-of-state PAC (ID#:_ Date Amount of contribution (\$) 10/30/2018 \$250.00 Charles Churchwell City; State; Zip Code Contributor address; Dallas TX 75219 Employer (See Instructions) Principal occupation / Job title (See Instructions) Attorney Churchwell and Merlo Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) 10/31/2018 Wilson Elizabeth \$25.00 Contributor address; City; State; Zip Code 75056 The Colony TX Principal occupation / Job title (See Instructions) Employer (See Instructions) unemployed unemployed Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) 11/11/2018 \$25.00 Raymond Tabi City; State; Zip Code Contributor address; Little Elm TX 76068 Principal occupation / Job title (See Instructions) Employer (See Instructions) Project Mgr. Hireright LLC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instru	ction Guide explair	ns how to c	omplete this form.			
1 Total pages Schedule F1:	2 FILER NAME Maureen K Reister				3 Filer ID (Ethics	Commission Filers)	
4 Date 11/04/2018	5 Payee name Kitchen Table Cons	ulting					
6 Amount (\$) \$200.00	7 Payee address; 125 Marseille Dr.	City; State; Z Hurst	ip Code TX	76054			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categorie AdvertisingExpense		schedule)		utside of Texas. Complete Son, TX, officeholder living		
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeho	older name		Office sought		Office held	
Date 11/04/2018	Payee name Facebook						
Amount (\$) \$25.00	Payee address; 1 Facebook Way	City; State; Z Menlo Park	ip Code CA	94025			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense			Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeho	older name		Office sought		Office held	
Date 11/30/2018	Payee name Facebook						
Amount (\$) \$34.79	Payee address; 1 Facebook Way	City; State; Z Menlo Park	Cip Code CA	94025			
PURPOSE OF EXPENDITURE	Category (See Categorie AdvertisingExpense	Category (See Categories listed at the top of this schedule) AdvertisingExpense			Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeh	older name		Office sought		Office held	
	ATTACH ADDI	TIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made E Candidate/Officeholder/Politica	al Committee Le	t/Awards/Memorials Expense gal Services The Instruction Guide explain	Printing Expense Salaries/Wages/C	Contract Labor	Travel III District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	The Instruction Guide explains how to complete this form. 2 FILER NAME Maureen K Reister 3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEM	IZED EXPEN	DITURES CHARGED	TOACREDI	TCARD	\$ \$0.00
5 Date 11/01/2018	6 Payee nam Facebook	ie			
7 Amount (\$) \$25.00	8 Payee add 1 Facebook W		·	025	
9 TYPE OF EXPENDITURE	✓ Polit	ical	Non-Political		
10 PURPOSE OF EXPENDITURE		See Categories listed at the top of th	is schedule)		travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct					
Date 11/30/2018	Payee nan Facebook	ne			
Amount (\$) \$34.79	Payee add 1 Facebook W		•	4025	
TYPE OF EXPENDITURE	✓ Polit	ical	Non-Political		
PURPOSE OF EXPENDITURE		See Categories listed at the top of th	is schedule)	$\overline{}$	travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name	Office	sought	Office held
	ATTACH	ADDITIONAL COPIES C	F THIS SCHE	DULE AS NE	EDED